



## Montana Youth Leadership Forum

[www.montanaylf.org](http://www.montanaylf.org)

**WE ARE INVITING FUTURE COMMUNITY LEADERS  
TO ATTEND THE ANNUAL MONTANA YOUTH LEADERSHIP  
FORUM (MYLF) FOR STUDENTS WITH DISABILITIES  
JULY 18-22, 2005**

- \*Twenty high school sophomores, juniors and seniors will be selected.
- \*No expense to selected delegates (all expenses paid).
- \*Exciting, fun, and educational four-day training program.

### **APPLICATION FORM**

**APPLICATION FORMS MUST BE POSTMARKED BY  
MARCH 1, 2005**

- \*Students must complete all information on pages 1-5 of this application.
- \*Please type or print with black ink.
- \*Mail the application to the address on the last page (page 6).
- \*Please see page 6 for additional application instructions.

1. Last Name		First	Middle
2. Address		City	3. Male / Female
4. Phone		5. Name of High School	
6. Grade level on 12/31/01		7. Social Security Number	

## MYLF Application

Page 2

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8. School Mailing Address _____	City _____	Zip _____
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9. High School Counselor Name _____	10. School Telephone Number _____
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11. Birth date _____	12. Date Graduation Expected _____
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12. Please describe your disability. This information will assist in assuring that we include delegates with a diversity of disabilities.

Disability (medical diagnosis) \_\_\_\_\_

\_\_\_\_\_

Onset of disability: \_\_\_\_\_

Check all that apply:

Deaf \_\_\_\_\_ Developmental Disability \_\_\_\_\_

Hard of Hearing \_\_\_\_\_ Describe \_\_\_\_\_

I use sign language \_\_\_\_\_

I use real time captioning \_\_\_\_\_ Autism \_\_\_\_\_

I use lip reading \_\_\_\_\_ Traumatic Brain Injury \_\_\_\_\_

Other \_\_\_\_\_

Blind \_\_\_\_\_

Visual Impairment \_\_\_\_\_ Mental Health Disability \_\_\_\_\_

I read with Braille \_\_\_\_\_

I read with large print \_\_\_\_\_ Neuromuscular Disability \_\_\_\_\_

Orthopedic Disability \_\_\_\_\_ Learning Disability \_\_\_\_\_

I use a wheelchair \_\_\_\_\_

I cannot walk upstairs \_\_\_\_\_ Multiple Disabilities \_\_\_\_\_

I cannot long distances \_\_\_\_\_

## MYLF Application

Page 3

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13. Your ethnicity

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14. Your grade point average

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15. List classes you are currently enrolled in.

16. Current reading level \_\_\_\_\_ (If necessary, ask a teacher to assist you in getting the information for items 14, 15, and 16.)

17. Information on Vocational Rehabilitation

If you are currently a client of Vocational Rehabilitation, please tell us your  
Counselor's Name \_\_\_\_\_ Phone \_\_\_\_\_

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18. State Representative Name

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District Number

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19. State Senator Name

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District Number

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20. Name of local newspaper and address

21. School and Community Involvement

Below, please briefly list your involvement with your school and community. This may include any offices held, club memberships, after school activities or work experience.

### School Activities

Activity	Adult Contact	Dates Involved	Grade
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## MYLF Application

Page 4

### Community Activities

Activity	Adult Contact	Dates Involved	Grade

### 22. Letters of Recommendation

Please attach two letters of recommendation which describe your demonstrated leadership skills or your leadership potential. One letter MUST be from a high school representative and one MUST be from a community representative outside your school.

List name, position/title, organization and telephone number of your References

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## MYLF Application

Page 5

### 23. Required Essay

Your answers to the following questions will be used to assess your readiness to participate in the leadership forum. Please write your responses on a separate sheet of paper and attach to your completed application packet. Your total response for all four of these topics should not exceed four (4) typewritten, double-spaced sheets. (Responses must be double-spaced and either typewritten or printed in black ink.)

- A. Qualifications – explain why you feel you are qualified to be a delegate to this forum and please tell us why you want to attend.
- B. Positive Influences – In terms of leadership, please tell us about two people who have positively influenced your life. Why? (Families, teachers, counselors, friends, public officials, or celebrities are appropriate examples).
- C. Experiences as a Person with a Disability – Describe two important experiences you have had as a person with a disability. (Please be specific about your examples as they relate to your disability.)
- D. Future Plans – Describe any of your plans for after high school.

24. Please use the checklist below to make certain your application packet is complete. All questions must be answered and requested letters and information provided.

- A. Application Form \_\_\_\_\_
- B. Two Letters of Recommendation \_\_\_\_\_
- C. Essay responding to four topics \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**KEEP THIS PAGE – DO NOT RETURN WITH APPLICATION**

**Mail Completed Applications to:**

**MYLF**

**711 Central Ave. Suite 104**

**Billings, MT 59101**

**HOW STUDENT DELEGATES WILL BE SELECTED AND  
APPLICATION INSTRUCTIONS FOR STUDENTS.**

1. To be eligible for the Montana Youth Leadership Forum for Students with Disabilities, students must:
  - a. Have a disabilities (as defined by the ADA)
  - b. Be in the 10, 11, or 12<sup>th</sup> grade as of December 31, 2004
  - c. Must have demonstrated leadership potential in school and the community
  - d. Reside in Montana
2. Student applicants must mail the completed application packet to the MYLF office no later than March 1, 2005.
3. Selected applicants will be notified by letter no later than April 30, 2005
4. After being selected, students will be asked to fill out a confirmation form, and provide additional information to the MYLF office.
5. All appropriate expenses will be paid by the Montana Youth Leadership Forum (MYLF) including such expenses as travel, lodging, food, and interpreters for deaf students and personal assistants for physically disabled students.

